

# Notice of Contact Information Change

CGCC-CH1-01 (Rev. 01/21)  
Page 1 of 1

BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

Complete this form to notify the Bureau of Gambling Control (Bureau) of a change in contact information (as required in Title 4, CCR, Section 12004). To notify the Bureau of the physical relocation of a gambling establishment, please use form Notice of Relocation, CGCC-CH7-02 (Rev 01/21).

Please note: To change your name you must submit a Badge Replacement Request

All information must be typed or printed legibly in blue or black ink.

SECTION 1: INFORMATION	
NAME	LICENSE/PERMIT NUMBER, IF APPLICABLE
REQUESTOR	
<input type="checkbox"/> Cardroom Business Licensee	<input type="checkbox"/> Cardroom Endorsee Licensee
<input type="checkbox"/> TPPPS Business Licensee	<input type="checkbox"/> TPPPS Endorsee Licensee
<input type="checkbox"/> Manufacturer or Distributor	<input type="checkbox"/> Designated Agent
<input type="checkbox"/> Key Employee Licensee	<input type="checkbox"/> Commission Work Permittee
<input type="checkbox"/> TPPPS Supervisor Licensee	<input type="checkbox"/> TPPPS Worker Licensee
<input type="checkbox"/> Other: _____	

SECTION 2: CHANGE IN CONTACT INFORMATION		
Check each appropriate box and fill out all information as applicable.		
<input type="checkbox"/> NEW RESIDENCE/PHYSICAL OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<input type="checkbox"/> NEW MAILING ADDRESS IF DIFFERENT THAN NEW OR CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)		
<input type="checkbox"/> NEW PRIMARY NUMBER:	<input type="checkbox"/> NEW ALTERNATIVE PHONE NUMBER:	<input type="checkbox"/> NEW FAX NUMBER:
<input type="checkbox"/> NEW EMAIL ADDRESS:		

SECTION 3: DECLARATION		
I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.		
City and State		
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

- This form must be signed by the appropriate person identified below:*
- If applicant/licensee is a corporation, LLC, or joint venture then by an authorized officer.
  - If applicant/licensee is a general partnership or limited partnership then by an authorized partner.
  - If applicant/licensee is a sole proprietor then by the owner.
  - If applicant/licensee is a trust then by an authorized trustor or trustee.
  - If applicant/licensee is a natural person then by the applicant/licensee.